

VARIANCE REQUEST APPLICATION

Department of Health & Mental Hygiene (DHMH)
Center for Healthy Homes and Community Services (CHHCS)
6 St. Paul Street, Suite 1301
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I. Camp Owner Information		
NAME OF OWNER		
MAILING ADDRESS OF OWNER		
CITY	STATE	ZIPCODE
II. Camp Information		
CAMP NAME		
PHYSICAL ADDRESS		
CITY	STATE	ZIPCODE
TYPE OF FACILITY <input type="checkbox"/> DAY CAMP <input type="checkbox"/> RESIDENTIAL CAMP <input type="checkbox"/> DAY & RESIDENTIAL CAMP <input type="checkbox"/> TRIP CAMP <input type="checkbox"/> TRAVEL CAMP		
III. Variance Request Information		
SPECIFY THE APPLICABLE REGULATION TO WHICH THE VARIANCE REQUEST PERTAINS		
EXPLAIN THE REASON FOR THE VARIANCE REQUEST		
GIVE SPECIFIC DETAILS OF THE PROPOSED ALTERNATIVE PROCEDURE		
IV. Signature		
SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE		DATE
PHONE NUMBER	EMAIL ADDRESS	
For Office Use Only		
IS THE APPLICATION JUSTIFIED DUE TO PHYSICAL LIMITATION OF THE EXISTING LAYOUT OF THE FACILITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES THE ALTERNATIVE PROCEDURE MEET OR PRODUCE THE INTENDED EFFECT OF THE REGULATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES THE ALTERNATIVE PROCEDURE MAINTAIN THE PROTECTION OF THE HEALTH AND SAFETY OF THE INDIVIDUALS USING THE FACILITY AT OR ABOVE THE LEVEL REQUIRED BY THE REGULATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COMPLIANCE SCHEDULE IS: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (see above reason)		
ENVIRONMENTAL HEALTH SPECIALIST'S SIGNATURE		DATE